

Medical Claim Form Sample for Prescription Medication Claims

Use this **medical claim form sample** to accurately submit prescription medication claims and ensure timely reimbursement. The form includes all necessary fields to document patient information, medication details, and prescribing physician data. Proper completion helps streamline the claims process with healthcare providers and insurance companies.

1. Patient Information

Full Name:

Date of Birth:

Address:

Insurance ID Number:

2. Prescribing Physician Information

Physician Name:

NPI/License Number:

Phone Number:

3. Prescription Medication Details

Medication Name	Strength	Dosage	Date Filled	Quantity	Pharmacy Name	Pharmacy NPI/ID	Amount Paid
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

4. Signature & Date

Patient/Guardian Signature:

Date:

Submit Claim